

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES FURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	DVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	e 16.00

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Name of Offering (check if this is an amendment and GWA, LLC	I name has changed, and indicate change.)		
Filing Under (Check box(es) that apply): Rt.le 504 Type of Filing: New Filing Amendment	☐ Rule 505	☐ nroe	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and na GWA, LLC	eme has changed, and indicate change.)	C	7072600
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Numb	er (Including Area Code)
c/o George Weiss Associates, Inc. One State Stree	t Hartford, CT 06103	(860) 240-8900	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Numb	per (Including Area Code)
Brief Description of Business		· · · · · · · · · · · · · · · · · · ·	
	and to take formed	olease specify):	PROCESSED JUL 2 5 2007
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-l		nated :	THOMSON
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by Uni ed States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice trust be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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			A. BASIC ID	ENTI	FICATION DATA				·
2. Enter the information re	equested for the fo	llowing:							
 Each promoter of 	the issuer, if the is	sucr has	been organized w	ithin (the past five years;				
 Each beneficial ow 	ner having the pow	er to vot	e or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executive of	ficer and director o	f corpora	ate issuers and of	corpo	rate general and mar	aging	partners of	partne	ership issuers; and
Each general and i	managing partner o	f partr er	ship issuers.						
Check Box(es) that Apply:	Promoter	☑ B	eneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i	if individual)			_					
Business or Residence Addre	ess (Number and	Street C	City, State, Zip Co	rde)	 				
One State Street, 20th F			06103						
Check Box(es) that Apply:	Promoter	[] B	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Weiss Family Interests L								·	
Business or Residence Addre	ss (Number and	Stree:, C	City, State, Zip Co	de)					
One State St, 20th Floor,				ĺ					
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street, C	City, State, Zip Co	dc)			· · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	□ В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					•			
Business or Residence Addre	ss (Number and	Street, C	ity, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street, C	ity, State, Zip Co	de)					***
Check Box(es) that Apply:	Promoter	[] Bo	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, if	f individual)		.,						<u> </u>
Business or Residence Addres	ss (Number and	Str :et, C	ity, State, Zip Co	de)					
Theck Box(es) that Apply:	Promoter	[] Be	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, if	(individual)								
Susiness or Residence Addres	s (Number and	Street, C	ity, State, Zip Co	de)					

					B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sol	d, or does t	he issuer i	nter.d to se	II. to non-a	eccredited i	nvestors i	this offer	ing?		Yes	No ⊠
						n Appendix				_		_	
2.	What is the minimum investment that will be accepted from any individual?												00.00
	, , ,												No
3.													Z
4.	commis If a pers or state	ssion or sin son to be lis s, list the n	tion reques nilar remune sted is an as: ame of the b , you may s	ration for sociated pe proker or d	solicitation erson or age ealer. If m	of purchas ent of a brok ore than fiv	ers in conne ker or deale e (5) perso:	ection with cregistere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering. with a state		
Ful	i Name (Last name	first, if ind	ividual)						·			
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	sociated B	roker or De	aler									
Stat	tes in Wh	ich Person	n Listed Ha	Solicited	cr Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)							☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	l Name (Last name	first, if indi	ividual)		<u>-</u> -							
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)	 -					···
Nan	ne of Ass	ociated B	roker or De	aler	-					·			
Stat	es in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individuai	States)	,	********************		*******************		••••••	☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (I	ast name	first, if indi	vidual)									
Busi	iness or	Residence	Address (N	lumber :ın	d Street, C	ity, State, 2	Zip Code)	 					
Nam	ne of Ass	ociated Br	oker or Dea	aler		, <u> </u>							-
State	es in Wh	ich Person	Listed Has	Solicitad	or Intends	to Solicit	Purchasers						
	(Check	'All States	or check	individ [,] ial	States)				·····	***************************************		☐ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR (KS) (NH) (TN)	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ______\$ Equity\$ Common Preferred Convertible Securities (including warrants).....\$ Partnership Interests\$ Other (Specify Limited Liability Company (a) \$ 100,000,000.00 \$ 71,436,870.00 Answer also in Appendix Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero," Aggregate Number Dollar Amount of Purchases Investors **\$** 71,436,870.00 Accredited Investors Non-accredited Investors 0 \$ 0.00 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Total a. Furnish a statement of all expense: in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ 0.00 Printing and Engraving Costs 0.00 Legal Fees..... \$ \$ 0.00 Accounting Fees Engineering Fees \$ \$ 0.00 Sales Commissions (specify finders: fees separately) 0.00 Other Expenses (identify) ______ ____ 0.00 Total

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(a) open ended fund; estimated maximum aggregate offering amount

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	FPROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted graphed to the issuer."	oss	s
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted graphoceeds to the issuer set forth in response to Part C — Question 4.b above.	ind	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🔲 \$	
	Purchase of real estate	🗆 \$	_ [] \$
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	
	Construction or leasing of plant buildings and facilities		_
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital		
	Other (specify): Investment Capital		
		_ 	
	Column Totals	\$ 0.00	\$_100,000,000.00
	Total Payments Listed (column totals added)	[] \$_1	00.000,000,00
-	D. FEDERAL SIGNATURE		
igr	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no lature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cominformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	mission, upon writte	ale 505, the following en request of its staff,
ssu	er (Print or Type) Signature	Date	
G۷	/A, LLC	11/1/12	2007
√an	ne of Signer (Print or Type) Title of Signer (Print or Type)	1	1
(Seorge A. Weirs Manager	-	

ATTENTION -

Intentional misstatements or onilssions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

7.	E. STATE SIGNATURE		
ι.	Is any party described in 17 CFR 230 262 presently subject to any of the disqualification provisions of such rule?	Yes	No X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertz kes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
GWA, LLC	111/	Till 12 .2007
Name (Print or Type)	Title (Print or Type)	
George A. Wers	Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		ε			. Al	PENDIX		r		
1	Intend to non-a investor	2 I to sell accredited s in State I-Item 1)	Type of sec- and aggreg offering pri offered in st (Part C-Item	;ate ce ate		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL										
AK										
AZ								<u> </u>		
AR										
CA	12.33									
СО										
СТ		×	Ltd. Liability C	o.	4	\$380,000.00		\$0.00		×
DE					<u> </u>					
DC										
FL										
GA										
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1	Intend to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО						· · · · · · · · · · · · · · · · · · ·				
МТ										
NE										
NV										
NH										
ИJ		×	Ltd. Liability Co.	1	\$950,000.04		\$0.00		×	
NM										
NY		×	Ltd. Liability Co.	8	\$2,993,000.		\$0.00		×	
NC										
ND						·				
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27	· ·	- 1- 1	10	APP	ENDIX					
1		2	3		4					
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

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